

7001 2510 0006 5421 9760

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	2 SEP 2003
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restrict (Endorsement)		
Total	Twin Towers Retirement Community	
Sent To	5343 Hamilton Ave.	
Street or PO Box	Cincinnati, OH 45224	
City, State, ZIP+4		
PS Form 3811, August 2001	Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>DM FANDREY</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DM FANDREY</i></p> <p>C. Date of Delivery <i>9-3-03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Twin Towers Retirement Community 5343 Hamilton Ave. Cincinnati, OH 45224</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7001 2510 0006 5421 9760</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-2509	

**PLAINTIFF'S
EXHIBIT**

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